

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
91809664
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7	X	X				
8						
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28	X	X				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	36					
TOTAL CLAIMS	38					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS ONLY

SERIAL NO.

09 809664

FILING DATE

03/15/01

APPLICANT(S)

		A		B		CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							
2							
3							
4							
5							
6							
7				X	X		
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18							
19							
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22							
23							
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25							
26							
27							
28				X	X		
29							
30							
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49							
50							
TOTAL IND.	12	12	2				
TOTAL DEP.	38	69	36				
TOTAL CLAIMS	50	81	38				

		A		B		CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
53							
54							
55							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS